

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 032 ****61.25

DOCUMENT # N16445

1. Corporation Name

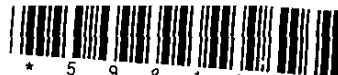
HIGH COLONY OF TALLAHASSEE HOMEOWNERS ASSOCIATIO
N, INC.

Principal Place of Business

5369 HIGH COLONY DR
TALLAHASSEE FL 32311
US

Mailing Address

P O BOX 13132
TALLAHASSEE FL 32308
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/20/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	
23		28		☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		☐ \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

NEWSOME III, J. ROGER
1227 LOVERS LANE SOUTH
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE	D
NAME	SWEINHART, MICHAEL
STREET ADDRESS	5225 HIGH COLONY DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	POINDEXTER, DON
STREET ADDRESS	5356 HIGH COLONY DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DST
NAME	COLEMAN, LESLIE
STREET ADDRESS	5369 HIGH COLONY DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DP
NAME	NEWSOME III, J. ROGER
STREET ADDRESS	1227 LOVERS LANE SOUTH
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE	D
1.2 NAME	Sandy Zera
1.3 STREET ADDRESS	5201 High Colony Drive
1.4 CITY-ST-ZIP	Tallahassee, FL 32311
2.1 TITLE	D
2.2 NAME	Wilfrido Pujols
2.3 STREET ADDRESS	1216 Lovers Lane South
2.4 CITY-ST-ZIP	Tallahassee, FL 32311
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)